

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

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1. File Number U - <u>13354</u>	2. Fiscal Year Covered From <u>1 / 1 / 2004</u> Through <u>12 / 31 / 2004</u>
3. Name and address of person filing. Name <u>Donald E. Kerr.</u> P.O. Box, Bldg., Room No., if any <u>Suite 104</u> Street <u>710 Olive Street</u> City <u>St. Paul</u> State <u>Minnesota</u> ZIP Code + 4 <u>55101</u>	4. Name, file number, and address of labor organization Name <u>Midwestern Council of Industrial Workers</u> Labor Organization File Number <u>542-654</u> P.O. Box, Building and Room Number, if any <u>Suite 103</u> Street <u>404 North Main Street</u> City <u>Oshkosh</u> State <u>Wisconsin</u> ZIP Code + 4 <u>54901-4953</u>
5. Position in labor organization <u>Business Representative</u>	

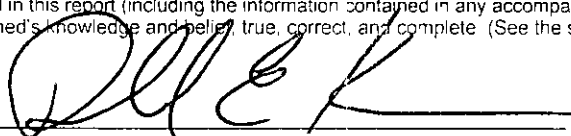
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6. Name and address of Employer (including trade name, if any) Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7 a. Nature of Interest, Transaction, or Income 7 b. Amount

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed



On

8/12/2005

Date

651-379-0275

Telephone Number

Name of Person Filing Donald Kern	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any)</p> <p>Name Wilson McShane Corporation</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any Suite 500</p> <p>Street 3001 Metro Drive</p> <p>City Bloomington</p> <p>State Minnesota ZIP Code + 4 55425</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9 b. or 9 c. is checked give trust or employer's name</p> <p>Name Lathers, Plasterers, and CabinetMakers Healt</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any Suite 500</p> <p>Street 3001 Metro Drive</p> <p>City Bloomington</p> <p>State Minnesota ZIP Code + 4 55425</p>	<p>11.a. Nature of such dealing</p> <p>Received 3 misc gifts over the year.</p> <p>1. for \$ 95</p> <p>2. for \$ 40</p> <p>3. for \$ 104</p> <p>11.b. Approximate dollar value of such dealing \$239</p> <p>12.a. Nature of interest held or income received</p> <p>12.b. Amount</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

<p>13 a. Name and address of Employer or Labor Relations Consultant (including trade name, if any)</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14 a. Nature of payment</p> <p>14.b. Amount of payment</p>
<p>13 b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	

Name of Person Filing Donald Kern

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8 Name and address of Business (including trade name, if any).

Name Lathers, Plasterers, and Cabinetmakers Healt

Trade Name, if any

P.O. Box, Bldg., Room No., if any Suite 500

Street 3001 Metro Drive

City Bloomington

State Minnesota ZIP Code + 4 55425

9. Business deals with

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10 If 9 b. or 9.c. is checked give trust or employer's name

Name

Trade Name, if any

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11 a Nature of such dealing

Attended nine Board of Trustee meetings over lunch during the year.
9 times @ \$15

11 b Approximate dollar value of such dealing

\$135

12 a Nature of interest held or income received

12 b Amount.